

FOI REF: 25/422

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## FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

**I am writing under the Freedom of Information Act (2000) to enquire about formaldehyde exposure control and compliance with COSHH (2002) legislation in your Trust's histopathology department.**

**Formaldehyde is classified as a Class 1B carcinogen under UK CLP regulations and is therefore a "carcinogen" with respect to COSHH (2002) legislation.**

**COSHH section 7(7) states that formaldehyde exposure control is adequate only if:**

- ***"the principles of good control practice are applied,***
- ***any WEL is not exceeded, and***
- ***exposure to asthmagens, carcinogens and mutagens are reduced to as low as is reasonably practicable (ALARP)."***

**Accordingly,**

1. **Can the Trust provide evidence that formaldehyde exposure in its histopathology department(s) is kept *as low as reasonably practicable*, noting that compliance with the WEL is necessary but not sufficient to demonstrate adequate control.**

Formaldehyde exposure in the histology department is kept as low as reasonably practicable by the use of purpose-built extraction benches to dissect samples. To monitor this, we have several processes:

- a) Continuous formaldehyde monitoring in both dissection laboratories using a formaldemeter to ensure the WEL is not breached.
- b) 6-monthly airflow checks by an external provider to ensure effective extraction rates.
- c) Use of air check badges and Drager tubes to measure WEL.

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COSHH Section 7(5)(a) states that:

***“...where it is not reasonably practicable to prevent exposure to a carcinogen, the employer shall apply the following measures in addition to those required by paragraph (3)—***

***(a) totally enclosing the process and handling systems, unless this is not reasonably practicable;”***

In addition, a “*high standard of control*” is required for safe handling of a known carcinogen, as outlined in Paragraph 143 of the COSHH Approved Code of Practice (L5).

It is noted that enclosed ventilation cabinets are prevalent in other NHS laboratory environments (e.g. microbiology, molecular biology, etc.) demonstrating that such infrastructure is feasible, effective, and proportionate when weighed against the cost and effort involved. This sets a strong precedent that total enclosure is also reasonably practicable for work requiring exposure to formaldehyde.

Accordingly,

2. If the Trust has decided that totally enclosing the handling of formaldehyde is ***not reasonably practicable*** in its histopathology department(s), please provide the formal assessment that was used to reach this conclusion.

Dissection over extraction benches like AFOS has been the accepted method for specimen grossing in histopathology. As part of ongoing compliance, we have COSHH assessments in place for formalin and workplace risk assessments for the processes involving formalin which are routinely reviewed.

3. If no such formal assessment has taken place, please state this and clarify the reasons why this has not been done.

It is widely accepted industry knowledge that the use of extraction benches was considered to be best practice.

4. If the Trust relies on open systems for formaldehyde handling (e.g. AFOS tables and LEV), please justify how this represents a “high standard of control” with respect to formaldehyde exposure in the Trust’s histopathology department(s)

It is widely accepted industry knowledge that the use of extraction benches was considered to be best practice. The controls in place to extract formaldehyde provide a ‘high standard of control’; the benches are routinely maintained; the environment is continuously monitored and there are spill kits present in all laboratories. Staff are trained for routine use of formalin plus what to do in the event of an emergency/spill. Staff are competency assessed and have access to the departmental Standard Operating Procedures, which detail procedures involving formalin plus formalin spillages specifically. COSHH assessments and workplace risk assessments are in place and available to all staff. There is a Trust course available on formalin awareness. Lastly, all laboratory staff are expected to wear the PPE provided.

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**COSHH Section 7(4)(c) states that certain measures should be employed with respect to formaldehyde exposure, specifically including:**

***“Reducing, to the minimum required for the work concerned—***

- (i) the number of employees subject to exposure,***
- (ii) the level and duration of exposure, and***
- (iii) the quantity of substances hazardous to health present at the workplace;”***

**Accordingly,**

- 5. Can the Trust provide evidence of the procedures and processes employed in its histopathology department(s) to maintain compliance with the COSHH Section 7(4)(c).**

The processes which occur in the dissection laboratories are pertaining to the dissection process only – therefore limiting the number of employees exposed. The level of exposure is monitored; the formaldemeter will alarm if 2ppm exposure level is breached. Staff are aware of the procedure to follow if an alarm is raised. COSHH assessments are available for all chemicals/solvents used in the department. There are Standard Operating Procedures in place detailing:

- a) The laboratory procedures that involve formalin.
- b) Vapour monitoring.
- c) Formalin spillage instructions.

- 6. Can the Trust confirm if laboratory employees are expected to undertake duties not directly related to the dissection of human tissue (for example, administrative tasks), in environments exposed to formaldehyde.**

The processes which occur in the dissection laboratories are pertaining to the dissection process only. There are some tasks which occur in the dissection laboratory which are indirectly related to dissection, such as tissue processing, which occurs in one laboratory only.

**COSHH Section 10(3) states that monitoring of formaldehyde should be undertaken:**

- “(a) at regular intervals; and***
- (b) when any change occurs which may affect that exposure”***

Accordingly,

7. Can the Trust provide evidence that the frequency with which it monitors formaldehyde exposure in its histopathology department(s) is at least as frequent as *when any change occurs that may affect exposure*.

There are continuous formalin monitoring meters in both dissection laboratories. They take readings at regular intervals throughout the day. The readings are downloaded weekly. Drager monitoring is carried out for processes involving formaldehyde.

COSHH Section 12 sets out information that should be provided to staff who are exposed to formaldehyde, and specifically Section 2 includes:

- “(a) details of the substances hazardous to health to which the employee is liable to be exposed including—*
- (i) the names of those substances and the risk which they present to health,”*

And also:

- “(d) the results of any monitoring of exposure in accordance with regulation 10 and, in particular, in the case of a substance hazardous to health for which a workplace exposure limit has been approved, the employee or his representatives shall be informed forthwith, if the results of such monitoring show that the workplace exposure limit has been exceeded;”*

Accordingly,

8. Please provide evidence that the Trust has informed its histopathology staff that formaldehyde is a known human carcinogen and provided details regarding the specific malignancies associated therein, and has also provided education regarding the non-cancer-related health effects of formaldehyde exposure.

Staff are trained to work in the histology laboratories. Staff are annually assessed for competency, there are departmental Standard Operating Procedures in place detailing procedures involving formalin and detailing formalin spillages specifically. COSHH assessments and workplace risk assessments are in place and available to all staff, spill kits are present in all laboratories. There is now a Trust course available on formalin awareness. Hazard symbols are present outside the laboratories which hold formalin.

9. **Please provide evidence of the procedures and processes in place to provide the results of formaldehyde exposure monitoring to staff, including but not limited to when the work exposure limit is breached.**

Results of all vapour monitoring is stored on the Trust PC's. Staff have full access to any results downloaded. If any breaches were to be identified, staff would be informed and contingency procedures would apply until the environment was deemed safe.

**The International Labour Organisation, of which the UK is a member and therefore bound by its obligations and commitments, now formally recognises that “a safe and healthy working environment” is a fundamental principle and right at work under its amended Declaration on Fundamental Principles and Rights at Work (2022).**

Accordingly,

10. **Can the Trust provide evidence that its histopathology department(s) are *safe and healthy working environments*?**

The results of the continuous monitoring, plus the reports from the 6-monthly airflow checks show that the risks involving the use of formalin have been mitigated as far as is reasonably practicable and that the departments are safe and healthy working environments.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department ([esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department  
[esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)